

MAR 1 2011

Please type or print in ink.

2011 MAR -1 PM 5:07

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
EVANS		NOREEN	M

1. Office, Agency, or Court

Agency Name

STATE SENATE

Division, Board, Department, District, if applicable

2ND DISTRICT

Your Position

SENATOR

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ Assuming Office: Date ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule**5. Verification**

I certify under penalty of perjury under the laws of the State of California that

Date Signed _____
(month, day, year)

Signature _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name NOREEN EVANS

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

THE EDGAR LAW FIRM

ADDRESS (Business Address Acceptable)

408 COLLEGE AVE., SANTA ROSA, CA 95404

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LAW FIRM

YOUR BUSINESS POSITION

OF COUNSEL

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other **CONSULTING FEES**

(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name NOREEN EVANS

► NAME OF SOURCE
 THE WALT DISNEY COMPANY
 ADDRESS (Business Address Acceptable)
 500 S. BUENA VISTA STREET
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 10	\$ 316.00	4 TICKETS
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
 CA TRIBAL BUSINESS ALLIANCE
 ADDRESS (Business Address Acceptable)
 1530 J STREET, STE 400 SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 10	\$ 92.68	BCK TO SESS BASH
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
 GROTH VINEYARDS & WINERY
 ADDRESS (Business Address Acceptable)
 750 OAKVILLE CROSSROAD, OAKVILLE CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 10	\$ 57.50	WINE
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
 GROTH VINEYARDS & WINERY
 ADDRESS (Business Address Acceptable)
 750 OAKVILLE CROSSROAD, OAKVILLE CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 10	\$ 28.00	WINE
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name NOREEN EVANS

▶ NAME OF SOURCE
RUTHERFORD HOUSE
 ADDRESS (Business Address Acceptable)
1074 RUTHERFORD RD, RUTHERFORD CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 10</u>	<u>\$ 100.00</u>	<u>DINNER</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA HEALTHCARE INSTITUTE
 ADDRESS (Business Address Acceptable)
1020 PROSPECT ST., STE 310 LA JOLLA, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 02 / 10</u>	<u>\$ 205.30</u>	<u>ANN LEG DINNER</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
JOHNSON & JOHNSON
 ADDRESS (Business Address Acceptable)
1215 K ST., STE. 2040 SACRAMENTO, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 10</u>	<u>\$ 34.64</u>	<u>DINNER</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CEJA VINEYARDS
 ADDRESS (Business Address Acceptable)
PO BOX 5957 NAPA, CA 94559
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 17 / 10</u>	<u>\$ 75.00</u>	<u>BRUNCH</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA RICE COMMISSION
 ADDRESS (Business Address Acceptable)
8801 FOLSOM BLVD. #172 SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 01 / 10</u>	<u>\$ 28.71</u>	<u>GIFT BOX</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
NAPA VALLEY VINTNERS
 ADDRESS (Business Address Acceptable)
P.O. BOX 141 ST. HELENA, CA 94574
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 10</u>	<u>\$ 12.75</u>	<u>RECEPTION</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

NOREEN EVANS

▶ NAME OF SOURCE

TRINCHERO FAMLY ESTATES

ADDRESS (Business Address Acceptable)

P.O. BOX 248 ST. HELENA, CA 94574

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 10	\$ 52.91	DINNER
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

CA STATE FLORAL ASSOCIATION

ADDRESS (Business Address Acceptable)

1521 I STREET SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 10	\$ 16.95	FLOWERS
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

CHUKCHANSI ECONOMIC DEV AUTHORITY

ADDRESS (Business Address Acceptable)

46575 ROAD 417, BLDG. C COARSEGOLD, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 09 / 10	\$ 39.08	DINNER
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

AFSCME

ADDRESS (Business Address Acceptable)

1121 L STREET SUITE 904 SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 10	\$ 38.78	RECEPTION
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

MELLOW ME OUT DAY SPA

ADDRESS (Business Address Acceptable)

1120 FULTON AVE. SACRAMENTO, CA 95825

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 12 / 10	\$ 78.00	GIFT FOR STAFF A.F.
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

CHUKCHANSI ECONOMIC DEV AUTHORITY

ADDRESS (Business Address Acceptable)

46575 ROAD 417, BLDG. C COARSEGOLD, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 09 / 10	\$ 90.00	2 TKTS CONCERT
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name

NOREEN EVANS

► NAME OF SOURCE

SONOMA COUNTY FAIR

ADDRESS (Business Address Acceptable)

P.O. BOX 1350 SANTA ROSA, CA 95402

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 11 / 10	\$ 156.00	4 TKTS -GOV DAY
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA DEMOCRATIC PARTY

ADDRESS (Business Address Acceptable)

1401 21st STREET STE 200 SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 19 / 10	\$ 38.52	BREAKFAST
/ /	\$	
/ /	\$	

► NAME OF SOURCE

PACIFIC POLICY RESEARCH FOUNDATION

ADDRESS (Business Address Acceptable)

101 PARKSHORE DR STE 100 FOLSOM, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 8 / 10	\$ 49.85	DINNER
11 / 9 / 10	\$ 88.22	BREAKFAST
11 / 10 / 10	\$ 88.22	BREAKFAST

► NAME OF SOURCE

CA STATE FAIR

ADDRESS (Business Address Acceptable)

1600 EXPOSITION BLVD. SACRAMENTO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 1 / 10	\$ 46.00	3 TKTS & PARKING
/ /	\$	
/ /	\$	

► NAME OF SOURCE

PACIFIC POLICY RESEARCH FOUNDATION

ADDRESS (Business Address Acceptable)

101 PARKSHORE DR STE 100 FOLSOM, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 7 / 10	\$ 107.12	OPEN RECEPTION
11 / 8 / 10	\$ 88.22	BREAKFAST
11 / 8 / 10	\$ 29.53	RECEPTION

► NAME OF SOURCE

PACIFIC POLICY RESEARCH FOUNDATION

ADDRESS (Business Address Acceptable)

101 PARKSHORE DR STE 100 FOLSOM, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 10	\$ 29.53	RECEPTION
11 / 11 / 10	\$ 88.22	BREAKFAST
11 / 11 / 10	\$ 107.12	RECEPTION

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name NOREEN EVANS

► NAME OF SOURCE
FED EX
 ADDRESS (Business Address Acceptable)
1215 K STREET SUITE 1733 SACRAMENTO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 9 / 10	\$ 44.10	DINNER
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CA INDEPENDENT VOTER PROJECT
 ADDRESS (Business Address Acceptable)
2350 KERNER BLVD, SUITE 250 SAN RAFAEL, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 14 / 10	\$ 1,280.00	LODGING
11 / 14 / 10	\$ 96.50	RECEPTION
11 / 16 / 10	\$ 165.80	DINNER

► NAME OF SOURCE
ROLL INTERNATIONAL CORPORATION
 ADDRESS (Business Address Acceptable)
11444 WEST OLYMPIC BLVD. LOS ANGELES, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 10	\$ 12.00	GIFT BOX
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____